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KYF/KAS

** CONTINUING DATA *****

NONE KYF

** FOREIGN APPLICATIONS *****

NONE KYF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 01/24/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 9	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Kidney</i> Initials: <i>KYF</i>				

ADDRESS

25297

TITLE

Apparatus and method for braille instruction

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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